PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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ons are required to respond to a collection of information unless it displays a valid OMB control number Under the Panerwork Reduction Act of 1995 Effective on 12/08/2004-/ Fees pursuant to the Consolidate Appropriations Act, 2005 (H.R. 4818). Complete if Known 10/626.427 **Application Number** FEE TRANSM Filing Date 07/24/2003 For FY 2005 First Named Inventor Alphons A. M. L. Brukers **Examiner Name** Temeschen Ghebretinsae Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2637 TOTAL AMOUNT OF PAYMENT (\$) 620.00 PHN 16,194R Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 100 250 200 Design 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 O n **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 360 180 Multiple dependent claims **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Fees for Notice of Appeal and a Petition for one month extension 620

SUBMITTED BY Registration No. 34,374 Telephone (585) 381-9983 Signature (Attorney/Agent) Date 11/01/2005 Name (Print/Type) dames D. Leimbach

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to collection. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

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TRADELLE	Application Number	10/626,427
TRANSMITTAL	Filing Date	07/24/2003
FORM	First Named Inventor	Alphons A.M.L. Bruekers
	Art Unit	2637
(to be used for all correspondence after initial fili	Examiner Name	Temesghen Ghebretinsae
Total Number of Pages in This Submission 5	Attorney Docket Number	PHN 16,194R

Total Nullibe	er of Pages in This Submission			
ENCLOSURES (Check all that apply)				
Fee Tr	ransmittal Form Fee Attached	Drawing(s) After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences		
Extens Expres Inform Certific Docum	After Final Affidavits/declaration(s) sion of Time Request as Abandonment Request ation Disclosure Statement and Copy of Priority ment(s) to Missing Parts/ plete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Enclosed is a Notice of Appeal, a Petition for a One Month Extension of time in which to respond and the required fees.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
LEIMBACH ASSOCIATES				
Signature James J. Land				
Printed name	James D. Leimbach			
Date	November 1, 2005	November 1, 2005 Reg. No. 34,374		
CERTIFICATE OF TRANSMISSION/MAILING				

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Novemer 1, 2005 James D. Leimbach Typed or printed name

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